

Berkeley Home Health Limited

Berkeley Home Health Sussex

Inspection report

Unit 3-6 Building A, Horsted Keynes Industrial Estate
Cinder Hill Lane, Horsted Keynes
Haywards Heath
West Sussex
RH17 7BA

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18 February 2020

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Berkerley Home Health Sussex is a domiciliary care agency. It provides personal care to people living in their own homes in the Haywards Heath area. At the time of our inspection 24 people were being supported with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Following our last inspection there have been management changes at Berkerley Home Health Sussex. A new manager started on 20 January 2020.

People told us they felt safe. The process for assessing and monitoring risk had improved since our last inspection. Staff were recruited safely and understood their responsibilities about keeping people safe. There were enough staff to care for people safely, with staff and people using the service telling us current staffing arrangements were sufficient.

Staff were well trained to carry out their roles. They told us they had a good working relationship with the new manager and there had been improvements to the service. Staff felt listened to. They told us they were happy with the level of training, support and supervision available to support them in their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. All feedback received regarding the staff was positive. People described the staff as kind and caring.

There were quality assurance systems in place to monitor the quality and safety of the service. Action had been taken in all areas identified as requiring improvement at the previous inspection. Incidents and accidents were recorded so they could be considered and reflected upon to make improvements to the service. Complaints and concerns were addressed and there had been a significant improvement in communication within the service. People had confidence in the staff and staff spoke highly of the new manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 28 February 2019). At this inspection we

found improvements had been made.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Berkeley Home Health

Sussex

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector undertook this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons are legally responsible for how the service is run and for the quality and safety of the care provided. The service had a new manager who started at the service 20 January 2020.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the location provides a domiciliary care service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 18 February and ended on 27 February 2020. We visited the office location on

18 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided and reviewed feedback the service had received from people. We spoke with the manager and received feedback from two care workers.

We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment and staff supervision. We saw the training records in relation to all care staff. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At our last inspection we found that risks to people's safety were considered, but not always consistently assessed. At this inspection we saw that risks to people were assessed. Where risks had been identified there was a plan of action to guide staff on how to make the person safe and reduce potential harm. Risk assessments included environmental risk, for example, one person's pathway needed to be kept clear to reduce their risk of falls.
- Accidents and incidents were recorded and investigated. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence reduced. Any areas of learning identified were shared appropriately with staff to improve safety.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise and protect people from the risk of abuse and had received training in safeguarding adults. They knew what actions to take if they felt people were at risk of harm. Staff had attended training in adult safeguarding. This gave staff the knowledge and confidence to identify safeguarding concerns.
- The manager was clear about when to report concerns. They were clearly able to explain the processes to be followed to inform the local authority and CQC.
- People indicated they felt safe. They told us they were, "Really happy".

Staffing and recruitment

- The service employed enough staff to provide all planned care visits. Daily care records showed staff normally arrived on time to care visits. Feedback from people included, 'I am very happy with [Name] who is my main carer'.
- Rotas were organised in advance. Staff were provided with travel time between consecutive care visits. Feedback from staff included, 'There is not always enough travel time between calls. However, I feel like improvements are being made and we are being listened to'.
- Rotas showed people were usually cared for by a small number of staff. Feedback from a relative included, '[Name's] regular carer is brilliant.'
- Staff files confirmed that staff were recruited in line with safe practice. For example, checks were made to ensure staff were of good character and suitable for their role. This included criminal records checks and obtaining references from previous employers.

Using medicines safely

- People's care plans included information about the support the person required with their medicines.
- People had a medication administration record (MAR) detailing each item of prescribed medication and the time they should be given. Appropriate records were completed by staff when people received their medicines.
- There were clear guidelines for the administration of medicines required as needed (PRN). This included guidelines for the application of topical creams.
- Staff had received training in medicines handling, which included observation of practice, to ensure their competence.

Preventing and controlling infection

- People were protected from the spread of infection by staff who had received appropriate training.
- Staff followed good infection control practice and personal protective equipment was readily available to staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their care and support needs assessed before they received care. Information had been sought from the person and / or any professionals involved in their care. Information from the assessment had informed the plan of care.
- The manager told us and records confirmed that she had audited and updated all care plans and assessments since starting work at the service on 20 January 2020.
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of the assessment process, if people wished to discuss these. This ensured staff were aware of people's diversity as it was included in the assessment process.

Staff support: induction, training, skills and experience

- Staff completed formal, face to face training in line with nationally recognised standards and a period of shadowing before they were permitted to provide care independently. The induction, which incorporated the Care Certificate Standards, consisted of training and competency checks. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.
- There were systems in place to monitor staff performance. This included observation of staff practice.
- Staff were well trained to make sure they had the skills and knowledge to support people effectively. Staff received training in subjects that were considered mandatory by the provider and best practice national guidance. Staff received regular training in topics including, moving and handling, person centred care and first aid.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans gave clear information about the support they required with meals, snacks and drinks. These included any specific dietary needs or preferences. For example, one person's care plan said they enjoyed a glass of sherry in the afternoon.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff recognised changes in people's health or wellbeing and this was reported to senior staff. Records showed appropriate and timely referrals had been made to health professionals for assistance.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were supported by staff who received training in the MCA and understood its principles.
- Staff demonstrated a clear understanding of people's right to make their own choices. Feedback from staff included, 'I always assume capacity and promote choice'.
- People's care plans contained details of their choices and preferences regarding their care. People told us they were involved in their care and felt it was, "High quality".

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's diverse needs were recognised and understood by staff. No-one reported experiencing any discrimination. Where people had expressed preferences in relation to the gender of their staff these preferences were respected.
- People told us they liked the staff, feedback included, '[Name] is especially kind and caring' and, '[Name] is a very caring carer' and, '[Name] is particularly caring... This makes me feel very special'.

Supporting people to express their views and be involved in making decisions about their care

- Care planning documentation showed people were involved in making decisions about their care and how it was provided.
- Checks on staff practices were carried out to evidence people's care plans were followed and their wishes respected.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence. Care plans included details of what support people needed with personal care. Records were kept of the care given and showed people were encouraged to do as much for themselves as possible.
- The provider recognised people's diversity, there were policies in place which highlighted the importance of treating everyone as individuals. Staff had received customer first training. This gave staff the opportunity to discuss how they could make a difference to people's lives. The focus of the training was how staff have, 'One of the most important roles there is – when people are at their most vulnerable, we can make a positive difference to their lives'.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At our last inspection we found care plans were not always consistent, up to date and responsive to people's needs. People did not always receive their care at their preferred time. At this inspection we saw that people's care plans were accurate and informative. They contained guidance for staff and details of people's routines and outcomes for their care.
- We saw staff completed records during each care visit. This included details of the support provided and any changes in people's needs, alongside a record of staff arrival and departure times.
- Feedback from people included, '[Name] is very attentive to my needs. [Name] works very efficiently, remembers what I need and like'.

Improving care quality in response to complaints or concerns

- At our last inspection we found people knew how to complain and felt comfortable to do so, but said their concerns were not always addressed. At this inspection the complaints log showed the provider investigated any concerns raised. They also looked at what lessons could be learned from the concerns raised. Conversations with the manager demonstrated that she was focused on improving the service and keen to learn from feedback.
- People told us if they were confident staff would sort out any concerns. One person told us, "I can't fault it".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager was aware of their responsibilities under the AIS.
- People's care plans contained information about the support they might need to access and understand information. For example, one person's care plan contained details of their short term memory loss.
- People's assessments included specific details of their communication needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Following our last inspection there had been management changes, a new manager started at the service 20 January 2020. They had not submitted an application to be registered with the commission. It is a requirement of the providers registration that there is a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. They are legally responsible for how the service is run and for the quality and safety of the care provided.
- The new manager had provided the service with a clear management structure and provided lines of responsibility and accountability. Staff told us, "[Manager] is lovely. [Name] is always there to help me if I have any queries."
- The manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. They were aware of their responsibilities under the legislation and ensured that all significant events were notified to the Care Quality Commission.
- The manager was clear in their understanding of the duty of candour and knew the actions to take should something go wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Working in partnership with others

- At our last inspection we found that systems and processes for monitoring the quality of the service had identified areas for improvement, but needed more time to be embedded and sustained. At this inspection we saw the new manager had clear oversight of the service was very much involved in its day to day running.
- Quality assurance systems had been implemented and monitored the quality of service being delivered and the running of the service. Audits were conducted which included people's care plans. We saw there was a monthly plan which audited all aspects of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At our last inspection people said communication was not always good. At this inspection we found the

new manager had high levels of engagement with staff and people receiving care.

- Feedback from staff included, 'I used to avoid calling the office at all costs. Now I feel comfortable calling the office'. Feedback from other staff included, 'I feel supported now, I used to avoid the office' and, 'I am not always supported. However, I am feeling a lot more supported over the last few weeks'.
- People had opportunities to feedback their views about the service and quality of the care they received. The manager made regular phone calls to people to make sure they were happy with the service. People were also asked for feedback on the service performance during care plan reviews.
- Records showed there were regular staff meetings which were well attended and helped identify areas that were working well and any that needed improvement.